
Form I9 Employment Eligibility Verifications

1. Purpose of document:

To document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. Noncompliance may result in both monetary and criminal penalties.

2. Where to obtain the document:

Preprinted form is available in the new hire packets or from the office where your Project Manager is assigned. An electronic version is available from folder X. (CRMeyer\Internal\Safety-Public\Hire Packet) This is an PDF formatted document included in the hiring packet.

3. Who fills out the document:

Both the employer and the employee are responsible for completing this form. Employer completes Section 2 and when applicable, Section 3. **Employee completes Section 1.**

4. When does the document get turned in:

The I9 form shall be filled out at the time of hiring. Missing information shall be documented within 3 days of employment.

5. Where does the document get turned in:

All fully completed forms shall be submitted to the payroll department of the office where your Project Manager is assigned.

6. Where does the document get filed:

Completed forms shall be retained in the employee's file for at least 3 years from the date of hire and at least 1 year from date of termination. May purge or shred form after retention requirements are met.

7. Special notes and reminders:

Section 1 – To be completed by the employee

- 1) **Last Name:** Enter full legal last name; two last names or hyphenated last names would also be entered here. Good examples include: *De La Cruz, Smith-Johnson, Smestad.*
- 2) **First Name:** Enter full legal first name. **Do not use middle names or nicknames.** *If you only have one name then enter in Last Name box and enter 'Unknown' in this box.*
- 3) **Middle Initial:** First letter of your middle name. If you don't have a middle name, enter **N/A** in this field.
- 4) **Other Last Name:** Provide other last names used, i.e. maiden name. Enter **N/A** if you have not used other last names. *If you changed your name from Smith to Jones, you should enter the name Smith in this field.*
- 5) **Address:** Enter the street name and number of your current address of your residence
- 6) **Apt. Number:** Enter number(s) and/or letter(s) that identifies your apartment. Enter **N/A** if you do not live in an apartment.
- 7) **City or Town:** Enter your city, town, or village. If these are not applicable then use county, township, reservation, province, etc.
- 8) **State:** Enter the abbreviation of your state or territory in this field.
- 9) **Zip Code:** Enter your 5-digit ZIP code.
- 10) **Date of Birth:** Enter your date of birth as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). For example enter March 3, 2017 as 03/03/2017.
- 11) **U.S. Social Security No.:** Enter your 9-digit Social Security number. This is voluntary.
- 12) **Employee's E-Mail Address (Optional):** Enter your e-mail address. Enter **N/A** if you do not enter your e-mail address.
- 13) **Employee's Telephone Number (Optional):** Enter your telephone number. Enter **N/A** if you do not enter your telephone number.

I attest, under penalty of perjury, that I am (check one of the following boxes):

| | |
|---|---|
| <input type="checkbox"/> 1. A citizen of the United States | |
| <input type="checkbox"/> 2. A noncitizen national of the United States (<i>See instructions</i>) | |
| <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____ | |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (<i>See instructions</i>) | <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: small;"> QR Code - Section 1 Do Not Write In This Space </div> |
| <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> | |
| 1. Alien Registration Number/USCIS Number: _____ <div style="text-align: center;">OR</div> 2. Form I-94 Admission Number: _____ <div style="text-align: center;">OR</div> 3. Foreign Passport Number: _____ Country of Issuance: _____ | |
| Signature of Employee | Today's Date (mm/dd/yyyy) |

14) You must select one box to attest to your citizenship or immigration status.

- a. **A citizen of the United States.**
- b. **A noncitizen national of the United States:** An individual born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands and certain children of noncitizen nationals born abroad.
- c. **A lawful permanent resident:** Enter your 7- to 9-digit Alien Registration Number (A-Number) or USCIS Number.
- d. **An alien authorized to work:** An individual who is not a citizen or national of the United States or a lawful permanent resident but it authorized to work in the United States. Enter the date that your employment authorization expires, if any. Enter either your Alien Registration Number/USCIS Number, Form I-94 Admission Number or Foreign Passport Number and the Country of Issuance.

15) **Signature of Employee:** Sign your name.

16) **Today's Date:** Enter the date you signed this form. For example enter March 3, 2017 as 03/03/2017.

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

| | | | |
|-------------------------------------|--------------|---------------------------|----------|
| Signature of Preparer or Translator | | Today's Date (mm/dd/yyyy) | |
| Last Name (Family Name) | | First Name (Given Name) | |
| Address (Street Number and Name) | City or Town | State | ZIP Code |

17) **Preparer and/or Translator Certification (check one).**

- a. **I did not use a preparer or translator** – if you checked this box leave the rest of the fields in this area blank.
- b. **A preparer(s) and/or translator(s) assisted in the employee in completing Section 1**
 - i. **Signature of Preparer or Translator:** Sign your name.
 - ii. **Today's Date:** The person who signs as Preparer and/or Translator enter date it was signed.
 - iii. **Last Name:** Enter full legal last name of the person who helped the employee in preparing or translating Section 1.
 - iv. **First Name:** Enter the full legal first name of the person who helped the employee in preparing or translating Section 1.
 - v. **Address:** Enter the street name and number of the current address of the person who helped the employee in preparing or translating Section 1.

- vi. **City or Town:** Enter the city, town or village of the person who helped the employee in preparing or translating Section 1.
- vii. **State:** Enter the abbreviation of the state, territory or country of the preparer's or translator's.
- viii. **ZIP Code:** Enter the 5-digit ZIP code of the person who helped the employee in preparing or translating Section 1.

8. Special notes and reminders:

Section 2 – To be completed by the employer

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

| Employee Info from Section 1 | Last Name (Family Name) | First Name (Given Name) | M.I. | Citizenship/Immigration Status |
|--|-------------------------|--------------------------------------|------------|--|
| List A Identity and Employment Authorization | OR | List B Identity | AND | List C Employment Authorization |
| Document Title | | Document Title | | Document Title |
| Issuing Authority | | Issuing Authority | | Issuing Authority |
| Document Number | | Document Number | | Document Number |
| Expiration Date (if any)(mm/dd/yyyy) | | Expiration Date (if any)(mm/dd/yyyy) | | Expiration Date (if any)(mm/dd/yyyy) |
| Document Title | | Additional Information | | QR Code - Sections 2 & 3 Do Not Write In This Space |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any)(mm/dd/yyyy) | | | | |
| Document Title | | | | |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any)(mm/dd/yyyy) | | | | |

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

| | | | | |
|--|---|--|----------|--|
| Signature of Employer or Authorized Representative | Today's Date(mm/dd/yyyy) | Title of Employer or Authorized Representative | | |
| Last Name of Employer or Authorized Representative | First Name of Employer or Authorized Representative | Employer's Business or Organization Name | | |
| Employer's Business or Organization Address (Street Number and Name) | City or Town | State | ZIP Code | |

- 1) **Employee Information from Section 1:** Enter employee's last name, first name, middle initial exactly as it is entered in Section 1.
- 2) **List A - Identity and Employment Authorization – Document Title:** If the employee presents a document from List A, enter the title of the List A document in this field (see list below).
- 3) **Issuing Authority:** Enter the specific entity that issued the List A document.
- 4) **Document Number:** Enter the document number, if any, of the List A document. If the document does not contain a number enter **N/A** in this field.
- 5) **List B – Identity – Document Title:** If the employee presents a document from List B, enter the title of the List B document in this field (see list below).
- 6) **Issuing Authority:** Enter the specific entity that issued the List B document.
- 7) **Document Number:** Enter the document number, if any, of the List B document. If the document does not contain a number enter **N/A** in this field.
- 8) **Expiration Date:** Enter the expiration date, if any, of the List B document. If the document does not contain an expiration date enter **N/A** in this field.
- 9) **List C – Employment Authorization – Document Title:** If the employee presents a document from List C, enter the title of the List C document in this field (see below).
- 10) **Issuing Authority:** Enter the specific entity that issued the List C document.
- 11) **Document Number:** Enter the document number, if any, of the List C document. If the document does not contain a number enter **N/A** in this field.
- 12) **Expiration Date:** Enter the expiration date, if any of the List C document. If the document does not contain an expiration date enter **N/A** in this field.
- 13) **Additional Information:** Use this space to notate any additional information required.
- 14) **Employee's First Day of Employment:** Enter the employee's first day of employment as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy).
- 15) **Signature of Employer or Authorized Representative:** The person who physically examined the employee's original document(s) and completes Section 2 must sign in this field.
- 16) **Today's Date:** Enter date signed (mm/dd/yyyy).
- 17) **Title of Employer or Authorized Representative:** Enter the title of the person who signed Section 2.
- 18) **Last Name of the Employer or Authorized Representative:** Enter the last name of the person who signed Section 2.
- 19) **First Name of the Employer or Authorized Representative:** Enter the first name of the person who signed Section 2.
- 20) **Employer's Business Name:** Enter the name of the employer's business in this field – CR Meyer.

- 21) **Employer's Business Address (Street Name and Number):** Enter an actual, physical address of the employer – 895 W. 20th Avenue.
- 22) **City or Town:** Enter the city or town of the employer's business address – Oshkosh.
- 23) **State:** Enter the state of the employer's business address – WI.
- 24) **ZIP Code:** Enter the 5-digit ZIP code for the employer's business address – 54903-2157.

| LIST A Documents that Establish Both Identity and Employment Authorization | OR | LIST B Documents that Establish Identity | AND | LIST C Documents that Establish Employment Authorization |
|---|---|---|------------|---|
| <ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) | <ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address | <ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) | | |
| <ol style="list-style-type: none"> 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. | <ol style="list-style-type: none"> 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p> | <ol style="list-style-type: none"> 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) | | |
| <ol style="list-style-type: none"> 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI | <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record | <ol style="list-style-type: none"> 8. Employment authorization document issued by the Department of Homeland Security | | |

9. Special notes and reminders:

Section 3 – To be completed by the employer

| Section 3. Reverification and Rehires <i>(To be completed and signed by employer or authorized representative.)</i> | | | |
|--|----------------------------------|---|---|
| A. New Name <i>(if applicable)</i> | | | B. Date of Rehire <i>(if applicable)</i> |
| Last Name <i>(Family Name)</i> | First Name <i>(Given Name)</i> | Middle Initial | Date <i>(mm/dd/yyyy)</i> |
| C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below. | | | |
| Document Title | Document Number | Expiration Date <i>(if any)</i> <i>(mm/dd/yyyy)</i> | |
| I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual. | | | |
| Signature of Employer or Authorized Representative | Today's Date <i>(mm/dd/yyyy)</i> | Name of Employer or Authorized Representative | |

- 1) **Block A – Name:** If an employee being reverified or rehired has changed his or her name since originally completing Section 1 complete this field with the employee's new name. Enter only the part of the name that has changed (i.e. if last name changed enter new name in Last Name field, then enter **N/A** in the First Name and Middle Initial fields). If employee has not changed his or her name, enter **N/A** in each field in Block A.
- 2) **Block B – Date of Rehire:** If an employee was rehired within three years of the date the form was originally executed, enter the date of rehire in this field. Enter **N/A** if the employee was not rehired.
- 3) **Block C – Document Title:** If you are reverifying expiring or expired employment authorization or employment authorization documentation of a current or rehired employee, enter the List A or List C document(s) presented for reverification.
- 4) **Document Number:** Enter the document number, if any, of the document entered in the Document Title field. Enter **N/A** if the document does not have a number.
- 5) **Expiration Date:** Enter the expiration date, if any, of the document you entered in the Document Title field. Enter **N/A** if the document does not have an expiration date.
- 6) **Signature of Employer or Authorized Representative:** Signature of person completing Section 3.
- 7) **Today's Date:** Enter date Section 3 was completed and signed.
- 8) **Name of Employer or Authorized Representative:** Enter name of person who completed, signed and dated Section 3.

Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

| | | | | | | |
|---|--|--|--------------------|----------------------------------|---------------------------------------|------------------------------------|
| Last Name (Family Name) Jones | | First Name (Given Name) David | | Middle Initial P | Other Last Names Used (if any) N/A | |
| Address (Street Number and Name) 1010 Cherrymeadow Drive | | | Apt. Number N/A | City or Town Oshkosh | | State WI |
| Date of Birth (mm/dd/yyyy) 12/28/1968 | | U.S. Social Security Number 3 9 8 - 2 2 - 0 2 0 2 | | Employee's E-mail Address N/A | | Employee's Telephone Number N/A |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

| |
|--|
| <input checked="" type="checkbox"/> 1. A citizen of the United States |
| <input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i> |
| <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____ |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i> |
| <p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR</p> <p>2. Form I-94 Admission Number: _____ OR</p> <p>3. Foreign Passport Number: _____ Country of Issuance: _____</p> |
| QR Code - Section 1 Do Not Write In This Space |

| | |
|--|---|
| Signature of Employee Sign your name here | Today's Date (mm/dd/yyyy) 02/27/2017 |
|--|---|

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

| | | | | |
|-------------------------------------|--|-------------------------|---------------------------|----------|
| Signature of Preparer or Translator | | | Today's Date (mm/dd/yyyy) | |
| Last Name (Family Name) | | First Name (Given Name) | | |
| Address (Street Number and Name) | | City or Town | State | ZIP Code |

Employer Completes Next Page

Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

| | | | | |
|-------------------------------------|----------------------------------|----------------------------------|-----------|-------------------------------------|
| Employee Info from Section 1 | Last Name (Family Name) Jones | First Name (Given Name) David | M.I. P | Citizenship/Immigration Status 1 |
|-------------------------------------|----------------------------------|----------------------------------|-----------|-------------------------------------|

| List A Identity and Employment Authorization | OR | List B Identity | AND | List C Employment Authorization |
|---|----|--|-----|--|
| Document Title | | Document Title Driver's License | | Document Title Social Security Card |
| Issuing Authority | | Issuing Authority State of Wisconsin | | Issuing Authority SSA |
| Document Number | | Document Number S453-3452-4567-08 | | Document Number 398-06-3356 |
| Expiration Date (if any)(mm/dd/yyyy) | | Expiration Date (if any)(mm/dd/yyyy) 12/28/2024 | | Expiration Date (if any)(mm/dd/yyyy) N/A |
| Document Title | | <div style="border: 1px solid black; padding: 5px;"> Additional Information </div> | | <div style="border: 1px solid black; padding: 5px; text-align: center;"> QR Code - Sections 2 & 3 Do Not Write In This Space </div> |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any)(mm/dd/yyyy) | | | | |
| Document Title | | | | |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any)(mm/dd/yyyy) | | | | |

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 02/27/2017 **(See instructions for exemptions)**

| | | | | |
|---|--|--|--|-------------------|
| Signature of Employer or Authorized Representative <i>Sign your name here</i> | | Today's Date(mm/dd/yyyy) 02/27/2017 | Title of Employer or Authorized Representative Superintendent | |
| Last Name of Employer or Authorized Representative Smestad | First Name of Employer or Authorized Representative David | | Employer's Business or Organization Name C.R. Meyer | |
| Employer's Business or Organization Address (Street Number and Name) 895 W 20th Avenue | | City or Town Oshkosh | State WI | ZIP Code 54903 |

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

| | | | | |
|------------------------------------|-------------------------|----------------|--|--|
| A. New Name (if applicable) | | | B. Date of Rehire (if applicable) | |
| Last Name (Family Name) | First Name (Given Name) | Middle Initial | Date (mm/dd/yyyy) | |

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

| | | |
|----------------|-----------------|---------------------------------------|
| Document Title | Document Number | Expiration Date (if any) (mm/dd/yyyy) |
|----------------|-----------------|---------------------------------------|

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

| | | |
|--|---------------------------|---|
| Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) | Name of Employer or Authorized Representative |
|--|---------------------------|---|

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

| LIST A Documents that Establish Both Identity and Employment Authorization | OR | LIST B Documents that Establish Identity | AND | LIST C Documents that Establish Employment Authorization |
|--|----|---|-----|--|
| <ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI | OR | <ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record | AND | <ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security |

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

| | | | | | | | | | |
|----------------------------------|---|-------------------------|-------------|----------------|--------------------------------|--|---------------------------|--|-----------------------------|
| Last Name (Family Name) | | First Name (Given Name) | | Middle Initial | Other Last Names Used (if any) | | | | |
| Address (Street Number and Name) | | | Apt. Number | City or Town | State ZIP Code | | | | |
| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> </table> | | | | | | Employee's E-mail Address | | Employee's Telephone Number |
| | | | | | | | | | |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

| | |
|--|---|
| <input type="checkbox"/> 1. A citizen of the United States | |
| <input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i> | |
| <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____ | |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i> | |
| Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number. | |
| 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____ | QR Code - Section 1 Do Not Write In This Space |

| | |
|-----------------------|---------------------------|
| Signature of Employee | Today's Date (mm/dd/yyyy) |
|-----------------------|---------------------------|

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

| | | | |
|-------------------------------------|--|---------------------------|----------------|
| Signature of Preparer or Translator | | Today's Date (mm/dd/yyyy) | |
| Last Name (Family Name) | | First Name (Given Name) | |
| Address (Street Number and Name) | | City or Town | State ZIP Code |

Employer Completes Next Page

Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

| | | | | |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|
| Employee Info from Section 1 | Last Name (Family Name) | First Name (Given Name) | M.I. | Citizenship/Immigration Status |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|

| List A Identity and Employment Authorization | OR | List B Identity | AND | List C Employment Authorization |
|---|----|--------------------------------------|-----|--|
| Document Title | | Document Title | | Document Title |
| Issuing Authority | | Issuing Authority | | Issuing Authority |
| Document Number | | Document Number | | Document Number |
| Expiration Date (if any)(mm/dd/yyyy) | | Expiration Date (if any)(mm/dd/yyyy) | | Expiration Date (if any)(mm/dd/yyyy) |
| Document Title | | Additional Information | | QR Code - Sections 2 & 3 Do Not Write In This Space |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any)(mm/dd/yyyy) | | | | |
| Document Title | | | | |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any)(mm/dd/yyyy) | | | | |

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ *(See instructions for exemptions)*

| | | | | |
|--|---|--------------------------|--|----------|
| Signature of Employer or Authorized Representative | | Today's Date(mm/dd/yyyy) | Title of Employer or Authorized Representative | |
| Last Name of Employer or Authorized Representative | First Name of Employer or Authorized Representative | | Employer's Business or Organization Name | |
| Employer's Business or Organization Address (Street Number and Name) | | City or Town | State | ZIP Code |

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

| | | | | |
|------------------------------------|-------------------------|----------------|--|--|
| A. New Name (if applicable) | | | B. Date of Rehire (if applicable) | |
| Last Name (Family Name) | First Name (Given Name) | Middle Initial | Date (mm/dd/yyyy) | |

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

| | | |
|----------------|-----------------|---------------------------------------|
| Document Title | Document Number | Expiration Date (if any) (mm/dd/yyyy) |
|----------------|-----------------|---------------------------------------|

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

| | | |
|--|---------------------------|---|
| Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) | Name of Employer or Authorized Representative |
|--|---------------------------|---|

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

| LIST A Documents that Establish Both Identity and Employment Authorization | OR | LIST B Documents that Establish Identity | AND | LIST C Documents that Establish Employment Authorization |
|--|----|---|-----|--|
| <ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI | OR | <ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record | AND | <ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security |

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.